

UNIT

ES. PATENT, B.C. 20231

11/10

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>3-11-96</u>		2 Serial/Patent # <u>03/252984</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input checked="" type="checkbox"/>	Notice of Appeal/Appeal	<u>33</u>	<u>2-27-96</u>	\$ <u>415.0</u>
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
BEST AVAILABLE COPY		7 TOTAL AMOUNT OF REFUND		\$ <u>415.0</u>
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	9 <u>1</u> <u>9</u> <u>--</u> <u>0</u> <u>7</u> <u>4</u> <u>7</u>		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
<u>The Incorrect fee was charged</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Rugenia Logan</u>		TITLE: <u>L7E</u>		
SIGNATURE: <u>Rugenia Logan</u>		PHONE: <u>306-2931</u>		
OFFICE: <u>Ap 2600</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Irada Connolly</u>		DATE: <u>3/29/96</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: